

No. 300  
4-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

44086  
1180  
3503

State File No. ....

Registrar's No. ....

FILED APR 23 1948  
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
-- 4223 W. St. Ferdinand  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
6 years (Specify whether years, months or days)

In this community.....

3: (a) PRINT FULL NAME Daisy D. Fowler

3. (b) If veteran, name war no

3. (c) Social Security No. no card

4. Sex Female 5. Color or race Col

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan. 10, 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 3 2 hr. min.

9. Birthplace Hartselle, Ala.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business.....

12. Name Horace Orr

13. Birthplace Hartselle, Ala.  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Boaller

15. Birthplace Summerville, Ala.  
(City, town, or county) (State or foreign country)

16. (a) Informant Escue Fowler

(b) Address 4223 W. St. Ferdinand

17. (a) Burial (b) Date thereof Apr. 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Wright's Funeral Home.

(b) Address 3100 Easton Ave.

19. (a) APR 14 1948 (Date received local registrar)  
J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ood

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4223 W. St. Ferdinand  
11 (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12  
year 1948 hour II ; 30 minute P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Coronary Occlusion

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work..... (Specify type of place) (c) Means of injury.....

23. Signature Alfred Perry (M. D. or other)  
Address ..... Date signed 4/14/48

*ml*

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard ave

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**